

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>3/19/05</u>		2 Serial/Patent # <u>10/517685</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/> Filing			\$							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input checked="" type="checkbox"/> Other			\$ 100.00							
		7 TOTAL AMOUNT OF REFUND	\$ 100.00							
		8 TO BE REFUNDED BY:								
		<input type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		, <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>3</td><td>--</td><td>3</td><td>7</td><td>2</td><td>3</td></tr></table>		1	3	--	3	7	2	3
1	3	--	3	7	2	3				
No Fee Due (Explanation):										
11 REFUND REQUESTED BY: _____		TITLE: <u>Parragon</u>								
TYPED/PRINTED NAME: <u>L. M. Parragon</u>		PHONE: <u>308/9140 x201</u>								
SIGNATURE: <u>L. M. Parragon</u>										
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B